

Sanctuary Care Limited

The Beeches Residential Care Home

Inspection report

Frankley Beeches Road
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West Midlands
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this home on 24 and 25 May 2016. The home was last inspected in June 2014 and was meeting all the regulations. The home is registered to provide personal care and accommodation for up to 56 older people. At the time of our inspection 53 people were living at the home. We observed how care was provided to people and whether people were happy living at the home.

There was a registered manager in post who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us that they felt safe living in this home. Staff knew what constituted abuse and how to protect people from harm. The registered manager had effective systems in place to review accidents and incidents which would reduce the possibility of future harm to people. People and staff told us there were enough staff available to meet people's needs in a timely manner. The arrangements in place for the management of medicines were good so that people could be sure they would receive their medicines safely.

People told us that they felt confident that staff could meet their specific care and support needs. The registered manager and staff we spoke with understood the principles of protecting the legal rights of people living in the home. Staff sought people's consent and respected their choices. People were supported to eat and drink well to stay healthy.

Staff were attentive and caring towards people. People's dignity and privacy was respected and the staff responded to people's individual preferences and supported them to follow their own interests. People told us that they were able to make decisions about their care and that they were involved in how their care and support was planned and delivered.

Opportunities had been provided for people to express their views about their care plans and contribute to reviews of their needs. Staff understood the needs of the people they supported and the importance of providing personalised care. Staff supported people to follow their interests, hobbies and to maintain contact with people that mattered to them. People knew how to make a complaint and were confident this would be listened to and acted upon.

People and their families were complimentary about the management of the home. People told us they were encouraged to express their views and experiences about living at the home. The registered manager had used their audits and quality monitoring systems to develop and make improvements within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Arrangements were in place to prevent people being placed at the risk of potential harm and abuse.

There were sufficient members of suitably recruited staff to meet people's needs.

People received their medicines as prescribed. The management of people's medicines was safe.

Is the service effective?

Good ●

The service was effective.

People received care and support from members of staff who were well trained and supported to meet people's individual needs.

People's rights were upheld and their consent was obtained before providing care and support.

People enjoyed the food and choices that were available

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were consulted about their care and support needs and enabled to express their views.

Family and friends were free to visit throughout the day.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning the support they wanted.

People had the opportunity to undertake activities they enjoyed and which enabled them to spend time with others.

People felt enabled to express any concerns or complaints they had. There were systems in place to respond to complaints raised.

Is the service well-led?

Good ●

The service was well-led.

People were confident that the home was well managed.

The registered manager consulted people about how the home was run and involved people in proposed changes.

Quality assurance systems were in place and used to monitor the quality of the care provided and to continually drive improvements.

The Beeches Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 May 2016 and was unannounced. The visits were undertaken by one inspector and an expert by experience on the first day and the inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at the information we had about this provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was returned within the timescale requested. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with 11 of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and two visiting health care professionals during the inspection to get their views. In addition we spoke at length with the registered manager, three care staff, and the chef.

We sampled some records including five people's care plans and medication administration records to see if

people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

People who lived at this home told us that they felt safe. One of the people we spoke with told us, "Staff check me during the night. I feel very safe here." Relatives we spoke with told us they felt their relatives were safe living at the home. A relative we spoke with told us, "My relative is safe living here. Security is good. People can leave if they want but strangers can't get in."

Staff we spoke with had a thorough awareness of the action to take should they suspect that someone was being abused. They were aware of the factors which may make someone more vulnerable to abuse. Staff confirmed that they had received training in safeguarding and whistle-blowing to support their knowledge and understanding. One staff member told us, "Anything untoward I would report to my manager, the safeguarding team or the Care Quality Commission." This demonstrated that people were supported by staff who understood their responsibilities to safeguard people living at the home. The registered manager had a good understanding of their responsibilities in maintaining the safety of people and protecting them from harm. They had notified us about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

Staff we spoke with were aware of potential risks to people. We saw there were clear guidelines for staff about the possible risks to each person in a variety of situations such as, bathing, moving and handling and eating. Risk management plans were centred around the person to minimise risks to their safety whilst still respecting people's freedom, choice and independence. The registered manager told us about a number of accidents and incidents that had occurred recently. We saw that these had been reviewed and analysed to determine if trends could be identified. We saw that as a result of this staffing levels had been increased as a preventative measure to reduce the risk of reoccurrence. There had been a significant decrease in accidents and incidents. This meant the appropriate steps had been taken to ensure a safe environment was provided to people.

Staff and records confirmed that the required first aid and fire safety training had been provided. Staff we asked gave us a good account of what they would do in the event of an emergency. Staff had been trained and used the appropriate methods of moving people safely.

People and their relatives told us that there were enough staff available. Staff were visible in communal areas and people did not have to wait for support. A person we spoke with told us, "Staff always respond quickly when I pull my buzzer [call-alarm system]." One member of staff said, "The manager makes sure there are enough staff on duty." There were systems in place to cover staff absence which included cover from the staff team or the use of permanent bank staff. The registered manager advised us that agency staff were not used. This meant people would receive continuity of care by staff who knew them well.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff files we reviewed contained reference checks and checks with the Disclosure and Barring Service (DBS). Staff told us that these checks had been undertaken before they started to work at the home. This ensured staff would be recruited safely.

People we asked told us that staff gave them their medicines and that they were happy with that. One person told us, "My medicines are always given on time." We observed a member of staff giving people information about their medicines and asking if they required any pain relief. People were supported with patience and understanding. We looked at the medicine administration record (MAR) and the controlled drugs book for five people who lived at the home. We found balances for people's medicines were accurate with the record of what medicines had been administered. We saw that when people required medicines to be administered covertly [medicines disguised in food or drink] the registered manager had ensured this was done in line with people's legal rights. The registered manager and a dedicated member of staff who was the lead for medicines ensured that staff who were responsible for administering medicines were provided with regular training and medicine competency assessments. We concluded that there were effective systems in place to store, administer and dispose of medicines to ensure people were safe from the risks associated with them.

Is the service effective?

Our findings

People expressed confidence that the staff had the right skills and abilities to meet their needs appropriately. One person living at the home told us, "Staff are very good and know what they are doing. They seem very well trained." Staff we spoke with told us that they had completed various qualifications in health and social care to a level to meet people's current and changing needs. Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "I have regular supervision with my senior. It's an opportunity to ask questions." We saw that the registered manager undertook some 'sit and see' observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff spoke in detail about the experience of their induction when they first started work. There was documentation to evidence that an induction programme had taken place. The Care Certificate had been implemented to enhance the induction process further. A member of staff we spoke with told us, "Following my interview, I had to read policies and procedures, attend training and complete an induction booklet."

We saw that staff participated in and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. One member of staff said, "Handovers are essential so we all know what is going on and how best to support people." The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We saw staff incorporated the principles of the MCA into their work by seeking people's consent. One person we spoke with told us, "They [the staff] would never do anything without my consent." One relative we spoke with said, "People's freedom is not restricted here. I take my relative home for lunch regularly." Where people were unable to make decisions we saw that Mental Capacity Assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the steps needed to keep people safe and they did not restrict people unnecessarily. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. We saw records to demonstrate actions the registered manager had taken to support a person with a DoLS application in the least restrictive way. All the staff we spoke with about this were aware of the reasons behind the applications made and understood that it was unlawful to restrict people's liberty

unless authorised to do so. One member of staff told us, "Sometimes it's in people's best interest to stop them doing things but everything needs to be assessed first."

People we spoke with told us that they had a choice of meal each day and that the standard of the catering was high. We saw people were shown meals so that they could choose what they wanted to eat. One person living at the home told us, "The food is good with a reasonable choice. Plenty of snacks and drinks available." One relative told us, "Food is excellent. Unbelievable choice, all of a good standard. I've had plenty of meals here with my relative so I can certainly vouch for it." Menus were available to assist people in the choice of the food. We saw that people had a pleasant and inclusive dining experience. All tables were well laid with appropriate cutlery and condiments. We spoke with the chef who told us about the different coloured plates to support people living with dementia. We saw that the home provided snack boxes in all the communal lounges, so people could have access to snacks at all times of the day and to enable people to access snacks independently. Staff we spoke with had a good understanding of people's dietary and hydration needs.

One person living at the home told us, "When needed the doctor comes into the home. I'm very happy with my health care." The staff described how the home worked in partnership with other health professionals from the local surgery who made weekly visits to check on and discuss individual needs of people living at the home.

Is the service caring?

Our findings

People we spoke with described staff as, 'Kind, patient and caring.' One person we spoke with told us, "Staff that work here are considerate and listen to us." One relative told us, "Staff are kind, caring and discreet. Always going the extra mile." Another relative told us that staff had shown sincere kindness towards them when they had experienced distress due to the death of a family member.

People we spoke with told us that visiting times were flexible and that staff made visitors feel welcome. One person told us, "It's very relaxing here. Nobody makes you rush and visitors can visit at any time."

There was a person-centred approach to communicating and engaging with people living with dementia. We saw staff listening and reassuring people in a compassionate manner. Staff sat with people and chatted about their day and addressed people by their preferred name. Staff we spoke with described the people they were supporting with affection. Staff were able to describe people's personalities and individual preferences. One staff member told us about a person's occupation and how they enjoyed listening to them talk about their life. One relative we spoke with told us, "Staff care and are understanding. The nature of everyone is outstanding. I've not seen my relative this happy or so interested in life for a long time."

People told us and records showed that the registered manager asked people how they liked to be cared for and supported when they first moved into the home. We saw staff asking people what they wanted them to do. One person we spoke with told us, "I have been consulted about my care. I make my own decisions daily. For example, I like to spend a lot of time in my own room and they [the staff] respect that." Another person told us, "Staff are always there to listen to my opinion." We saw people had been supported to make decisions in all aspects of their daily life. This included decisions about funeral arrangements, if they wanted a key to their rooms or whether people wished to be resuscitated. This demonstrated people had been given choices and had made their own decisions about things that were important to them. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them.

People told us that staff respected their privacy and dignity. One person told us, "Staff knock my door before entering." Another person told us, "I have my own room. It's nice and spacious and staff respect our privacy." A family member we spoke with told us, "Staff always ask Dad what he wants. They never take away his dignity." We saw that staff closed bedroom and toilet doors when supporting people with personal care. We saw throughout the day that staff supported people to maintain their independence and encouraged people to undertake a variety of tasks. These included people helping to wash up and make themselves a drink.

The registered manager provided examples of how they had worked with specialist health professionals to ensure that people had been enabled to experience personalised and dignified care at the end of their lives. Relatives we spoke with confirmed this. A visiting health professional told us, "The staff here are very good advocates for end of life care."

Is the service responsive?

Our findings

People told us that they were happy with the quality of the care provided. One person living at the home told us, "I couldn't be happier." We heard from people and their families that their care plan was centred on their needs and that they felt their wishes and individual preferences had been respected. Relatives we spoke with told us that they contributed to their loved ones' care plans and attended review meetings when necessary. Care plans we sampled captured people's individual needs and preferences and contained a history of each person and highlighted important things that mattered to them. Staff had a good knowledge about people they were supporting. We saw care plans had been updated to reflect people's changing needs.

We saw that people pursued their own interests and hobbies. People were reading the morning newspapers when we arrived and were chatting to staff about the current news. There was a programme of planned activities provided on a daily basis. One person told us, "I often join in with the activities here, there is always something going on. I never get bored." Another person told us about their hobby and how they were still encouraged to engage in the activity. We saw people were actively engaged in different games and exercise activities that were provided as both a group and individual activity. The environment supported people living with dementia. Signage was present throughout the home to help people find their way to lounges and toilets and their own bedrooms. Some people had memory boxes which contained personal items which they remembered to help remind them where their bedroom was. There were points of interest for people in various places within the home. Staff we spoke with told us about the themed corridors and the 'doll therapy' area. These had been specifically designed to support people living with dementia and the home had four specific staff who had been trained to become dementia specialists. A relative of a person living at the home told us, "I'm very impressed with the knowledge and expertise the staff have in dementia care." The registered manager told us about a new initiative that had been introduced called the 'Together for 10'. We saw that periodically throughout the day, all staff stop what they are doing and sit down with people for 10 minutes. During this time we saw staff chatting, having a drink and doing individual activities with people. This enabled effective interaction at regular times for people. A relative we spoke with told us, "Since [name of relative] has lived here, they have started to regain life skills that they had lost whilst living on their own."

People and those that mattered to them told us that they were encouraged and helped to maintain contact with family members and friends. One person said, "My family are the most important thing to me. I have photographs of them all in my room. They all come and visit me." The registered manager organised social events so people could maintain relationships with their friends. We saw that a 'dementia café' had recently opened within the home. We saw that people had been consulted and encouraged to express their views about the décor of the room. One relative told us, "We always sit in here with [name of relative]. It's a pleasant private area that leads out into the garden. We love the kitchen facilities and we can help ourselves to drinks. There is always a 'cake of the day' provided for us all to access."

There was a procedure in place for complaints. People and their relatives told us they knew how to complain. One person told us, "I would go to [name of manager]. She would listen and help me." People we

spoke with all told us that they would share any concerns with any of the staff team. The registered manager spoke about the complaints procedure and we saw complaints had been resolved in a timely manner and then lessons had been learned.

Is the service well-led?

Our findings

People who lived at the home, relatives and staff we spoke with were complimentary about the management team. People told us that the registered manager was involved in life at the home and committed to improving standards for people. One person we spoke with told us, "The management is very good. We know who they are and they are very friendly and approachable." All the relatives we spoke with told us the registered manager was supportive. One relative said, "[name of registered manager] is great. She is approachable and reactive. She is very easy to talk with and empathetic to our needs."

The provider stated in the provider information return (PIR) that regular meetings were held with people, families, professionals and staff and that they consult with individuals at all times. People told us that they had been actively involved in meetings to discuss improvements within the home. One person told us, "Communication is good with the management. They inform us about any changes that might affect us. This gives us a good quality of life." We saw records that evidenced people had been consulted about what to spend their funds on within the home. People had requested a new round table in the café and we saw this had been purchased. Satisfaction surveys had been used to capture people's feedback. This demonstrated that the service was being active in involving others in monitoring the quality of the service. A number of compliments were evident in the compliments book indicating people had the opportunity to provide their feedback. One comment stated, "This is the right home for my mom. It's very dementia friendly."

Staff we spoke with told us that there was a culture of honesty and openness. One staff member told us, "When accidents or incidents happen we are able to speak easily to the manager. We talk about it as a team and identify what we can improve on." The registered manager told us, "We have to acknowledge at times we could have done better. We learn from our mistakes and use this to prevent further incidents." This showed that staff worked together to minimise the chance of accidents and incidents happening again.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager was knowledgeable about the aspects of the service and advised us of developing initiatives due to take place to benefit the people living at the home. The registered manager had kept up to date with developments, requirements and regulations in the care sector. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a leadership structure in place that staff understood. There was a registered manager in place who was supported by a deputy manager and a team of senior carers. Members of staff we spoke with told us the registered manager was supportive and led the team well. Staff told us that they felt involved in the development of the service through staff meetings and supervision with the registered manager. The registered manager told us about the staff engagement group which involved a team of staff who give feedback about what it is like to work at the home and what could improve their working life. We saw that staff had requested better facilities in the staff room. We were advised that funding was being sourced to implement this.

The provider had processes in place for monitoring and improving the quality of the care received. The registered manager conducted regular audits on a weekly and monthly basis and shared these with the provider to ensure any shortfalls could be identified and action taken to reduce risks to people's safety.